



## Architect Registration Information

Information Required	Details
Name of the Practice	
Physical Address of the Practice	
Office Telephone Number	
Email Address	
Website Address	
<b>Director Information (Please complete for each director)</b>	
<b>Director 1</b>	
Full Name and Surname	
Cell Phone Number	
Valid SACAP Registration Certificate (Attach)	
Expiry Date of Current Certificate	
Category of SACAP Registration	
<b>Director 2</b>	
Full Name and Surname	
Cell Phone Number	
Valid SACAP Registration Certificate (Attach)	
Expiry Date of Current Certificate	
Category of SACAP Registration	
<b>Director 3</b>	
Full Name and Surname	
Cell Phone Number	
Valid SACAP Registration Certificate (Attach)	
Expiry Date of Current Certificate	
Category of SACAP Registration	
<b>Director 4</b>	
Full Name and Surname	

Cell Phone Number of Director	
Valid SACAP Registration Certificate (Attach)	
Expiry Date of Current Certificate	
Category of SACAP Registration	
<b>PI Cover</b>	
Professional Indemnity Insurance	Please attach a copy of the cover
PI Insurance Lapse Date	

**Declaration of Accuracy**

I, \_\_\_\_\_, hereby declare that the information provided in this document is true, accurate, and complete to the best of my knowledge and belief. I understand that any false statement, omission, or misrepresentation may terminate my practice's registration.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_